

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>11/5/00</i>
O.L.P.E. CLASSIFIER	<i>[Signature]</i>	<i>73</i>	<i>9/21/00</i>
FORMALITY REVIEW		<i>6750</i>	<i>10-20-00</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
..... Allowed      I ..... Interference  
(Through numeral) ..... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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